

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

SECRETARY OF THE SENATE  
16 JUL -8 PM 3:17  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

H O V D E F O R S E N A T E C O M M I T T E E

ADDRESS (number and street)

122 W Washington Ave

Suite 350



Check if different  
than previously  
reported. (ACC)

Madison

WI

53703

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 1 5 5 1 0

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

STATE ▼ DISTRICT

WI

010

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric D Hovde

Signature of Treasurer



Date

M M /

D D /

Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

HOVDE FOR SENATE COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	1	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	6

## COLUMN A

This Period

## COLUMN B

Election Cycle-to-Date

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ..

0 0 0

0 0 0

(b) Total Contribution Refunds  
(from Line 20(d)) ..

0 0 0

0 0 0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a))...

0 0 0

0 0 0

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) ..

0 0 0

0 0 0

(b) Total Offsets to Operating  
Expenditures (from Line 14)...

0 0 0

0 0 0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a))...

0 0 0

0 0 0

8. Cash on Hand at Close of  
Reporting Period (from Line 27)...

0 0 0

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D)...

0 0 0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D)...

0 0 0

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

HOVDE FOR SENATE COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

MM / DD / YYYY  
06 / 30 / 2016

MM / DD / YYYY  
06 / 30 / 2016

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A)...

(ii) Unitemized.....

(iii) TOTAL of contributions  
from individuals

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs) ..

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES ..

0 0 0

0 0 0

13. LOANS:

(a) Made or Guaranteed by the  
Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

0 0 0

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) ..

0 0 0

0 0 0

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

0 0 0

0 0 0

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)...

0 0 0

0 0 0

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

0 0 0

0 0 0

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ..

0 0 0

0 0 0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

0 0 0

0 0 0

(b) Of All Other Loans .....

0 0 0

0 0 0

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

0 0 0

0 0 0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees...

0 0 0

0 0 0

(b) Political Party Committees...

0 0 0

0 0 0

(c) Other Political Committees  
(such as PACs)...

0 0 0

0 0 0

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

0 0 0

0 0 0

21. OTHER DISBURSEMENTS ..

0 0 0

0 0 0

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

0 0 0

0 0 0

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

0 0 0

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

0 0 0

25. SUBTOTAL (add Line 23 and Line 24)...

0 0 0

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

0 0 0

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

0 0 0

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5 OF 5

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

HOVDE FOR SENATE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARENT FOX LLP

Mailing Address

1050 CONNECTICUT AVE NW

City State

Zip Code

WASHINGTON DC

20036

Nature of Debt (Purpose):

Legal, accounting, and administration

Outstanding Balance Beginning This Period

1 0 7 5 8 9 3 0

Amount Incurred This Period

0 0 0

Payment This Period

0 0 0

Outstanding Balance at Close of This Period

0 0 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...

2) TOTALS This Period (last page this line number only) ...

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

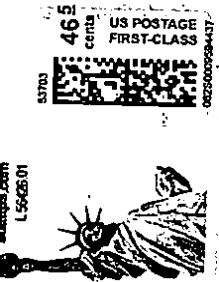
Hovde, 01507080280214231  
122 W. Washington Ave., STE 350  
Madison, WI 53703

MILWAUKEE  
WAT 53C  
20 JUN '15  
PM 3:1

**SCREENED  
BY THE SENATE  
POST OFFICE**

U. S. SENATE  
TRACKING NUMBER  
10-097377

Secretary of State  
Office of Public Records  
PO Box 77578  
Washington, DC 20013-7578



20013-857878



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL 7-8-16  
Date of Receipt

6-30-16  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

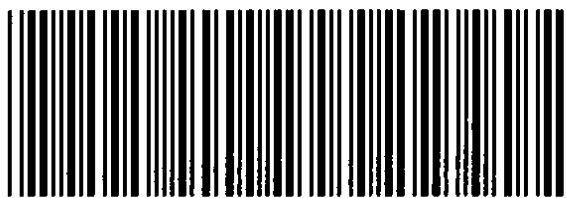
RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

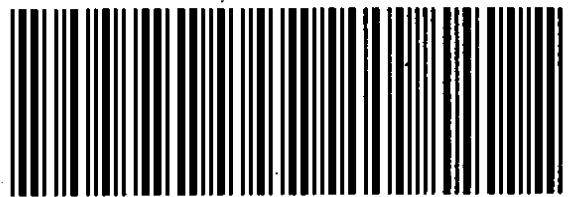
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-8-16



SEN PATCH

4



SEN PATCH

201607080200214233